MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space 28323

1. PLACE OF DEATH — ISOLATION HOSPITAL

County ..... Registration District No. 1001

Township ..... Primary Registration District No. ....

City St Louis Mo (No. ...., ..., St. ...., Ward)

File No. ....

Registered No. 7469

2. FULL NAME Eva Windmueller

(a) Residence, No. 7948 Mc Pherson Ave Ward. ....

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF C A Windmueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1869

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME David Hymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Hymer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Leona Burns 7600 Prescott

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefountaine DATE 8-30 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Funeral Home

20. FILED AUG 30 1933 19 J F Bredick Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933 to Aug 29, 1933

I last saw h[er] alive on Aug 29, 1933 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
13 8 6	
7 8 2	
1 0 2	

Other contributory causes of importance:

Hypertension

Chronic Nephritis

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ...., 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ....

(Signed) John Eschenbrenner M. D.

(Address) Isolation Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—IS A PERMANENT RECORD

SEP 26 1933